

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214530756			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE NATIONAL PHYSICIANS ALLIANCE FOUNDATION, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: 06601421</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 888 16TH ST, NW STE 800, PMB 835</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20006</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: VALERIE ARKOOSH TITLE: Sr. Policy Advi ADDRESS: 530 SPRING LANE CITY/ST/ZIP/CO: WYNDMOOR, PA 19038 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: VALERIE ARKOOSH TITLE: Sr. Policy Advi ADDRESS: 530 SPRING LANE CITY/ST/ZIP/CO: WYNDMOOR, PA 19038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: Dr. Ouida Brown TITLE: DIRECTOR ADDRESS: 1931 Chestnut Street #2R CITY/ST/ZIP/CO: Philadelphia, PA 19103 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Dr. Ouida Brown TITLE: DIRECTOR ADDRESS: 1931 Chestnut Street #2R CITY/ST/ZIP/CO: Philadelphia, PA 19103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	Dr. Ricky Choi	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	629 Lakeview Ave		
CITY/ST/ZIP/CO:	San Francisco, CA 94112		
NAME:	Rachel DeGolia	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1648 Compton Rd		
CITY/ST/ZIP/CO:	Cleveland Heights, OH 44118		
NAME:	Frances Hanckel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2758 SW Fairmont Blvd		
CITY/ST/ZIP/CO:	Portland, OR 97239		
NAME:	Dr. Luxme Hariharan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 NE 44th Street		
CITY/ST/ZIP/CO:	Miami, FL 33137		
NAME:	Dr. Jeff Huebner	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1418 Drake Street		
CITY/ST/ZIP/CO:	Madison, WI 53711		
NAME:	Dr. Mary Carol Jennings	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1325 Eutaw Place #3F		
CITY/ST/ZIP/CO:	Baltimore, MD 21217		
NAME:	Dr. William Jordan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 W 147 St #52		
CITY/ST/ZIP/CO:	New York, NY 10031		
NAME:	Dr. Amy Lu	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1000 W. Washington Blvd		
CITY/ST/ZIP/CO:	Unit 347 Chicago, IL 60607		
NAME:	Dr. Rishi Manchanda	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4162 Farmdale Ave		
CITY/ST/ZIP/CO:	Studio City, CA 91604		
NAME:	Dr. Padi McFadden	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	5689 Forbes Ave		
CITY/ST/ZIP/CO:	Pittsburgh, PA 15217		
NAME:	Dr. Mark Ryan	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1924 Floyd Ave		
CITY/ST/ZIP/CO:	Richmond, VA 23220		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. John Santa TREASURER 1020 Warburton Yonkers, NY 10701	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. James Scott PRESIDENT 2506 NE 26th Ave Portland, OR 97212	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. Jean Silver-Isenstadt Exec. Director 10174 Deep Skies Drive Laurel, MD 20723	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. Harvey Sloane DIRECTOR 3631 39th St. NW Washington D.C, DC 20013	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. Kate Tulenko DIRECTOR 6402 15th Street Alexandria, VA 22307	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Dr. Jean Silver-Isenstadt SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		Dr. Jean Silver-Isenstadt, Exec. Director PRINTED NAME AND CORPORATE TITLE		6/16/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					